

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

10

SERIAL NO.

15-1500
APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1			1			
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TOTAL IND.		↓	2	↓		↓
TOTAL DEF.		←	15	←		←
TOTAL CLAIMS			17			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEF.		←		←		←
TOTAL CLAIMS						